



MISSOURI DEPARTMENT OF REVENUE  
TAXATION BUREAU  
P.O. BOX 898, JEFFERSON CITY, MO 65105-0898  
(573) 751-2326 TDD 1-800-735-2966  
**BANK FRANCHISE TAX RETURN**

**2006  
INT-2**

DLN

**2007 TAXABLE YEAR — BASED ON THE 2006 CALENDAR YEAR INCOME PERIOD.** ADDRESS CORRECTION REQUESTED DUE DATE April 17, 2007

NAME	
ADDRESS	CITY, STATE, ZIP CODE
FEDERAL EMPLOYER IDENTIFICATION NUMBER	COUNTY NUMBER

During this taxable year, have you been notified of a change in your federal net income or federal income taxes for any prior period? ☐ Yes ☐ No (If yes, submit schedule of changes.)

**NOTE: A COPY OF THE FEDERAL RETURN AND SUPPORTING SCHEDULES MUST BE ATTACHED TO THIS RETURN.**

**PART I**

1. Federal taxable income (loss) from Federal Forms 1120, Line 28 or 1120S, Line 21	1	\$
<b>ADDITIONS</b>		
2. Income from state and/or political subdivisions obligations not included in federal income. (See instruction if different from Federal Forms 1120 or 1120S.)	2	
3. Income from federal government securities not included in federal income	3	
4. Charitable contribution claimed on federal return (attach schedule)	4	
5. Bad debt claimed on federal return ( <input type="checkbox"/> Reserve method <input type="checkbox"/> Direct write-off method <input type="checkbox"/> Other _____)	5	
6. Net bad debt recoveries	6	
7. Missouri bank franchise tax deducted on federal return	7	
8. Taxes deducted on federal return, claimed as credits on this return. (Must be detailed on Schedule A or attachment.)	8	
9. Other additions (attach detailed schedule)	9	
10. TOTAL of Lines 1 through 9	10	\$

**PART II DEDUCTIONS**

11. Net bad debt charge offs	11	\$
12. Federal income tax deduction (see instructions)	12	
13. Other deductions (attach detailed schedule)	13	
14. Total of Lines 11, 12, and 13	14	
15. Total income before charitable contribution deduction (Line 10 less Line 14)	15	
16. Less charitable contribution deduction (Limit is 5% of Line 15)	16	
17. Taxable income (Line 15 less Line 16)	17	\$

**PART III COMPUTATION OF TAX**

18. Tax at 7% of Line 17 (If apportionment required, see instructions.)	18	\$
19A. Less Bank Franchise Tax from Schedule BF, Line 7A	19A	
19B. Less credits from Line 8	19B	
20A. Less tentative payment or amount previously paid	20A	
20B. Overpayment of previous year's tax (attach approved credit voucher)	20B	
20C. Miscellaneous credits (attach schedule and approved authorizations)	20C	
20D. Enterprise zone credit (attach certificate of eligibility)	20D	
20E. Bank franchise tax credit	20E	
21. Net tax due	21	
22A. Plus interest for delinquent payment after April 17, 2007 (see instructions)	22A	
22B. Additions to tax (see instructions)	22B	
23. SUBTOTAL (Lines 21, 22A, and 22B)	23	
24. Plus Schedule BF (Line 7h)	24	
25. TOTAL AMOUNT DUE (Line 23 plus 24)	25	\$

DESCRIPTION (Do not list tangible personal property tax on leased property)	AMOUNT
TOTAL (Enter on Lines 8 and 19B, Page 1)	\$

<input type="checkbox"/> I authorize the Director of Revenue or his/her delegate to discuss my return and attachments with the preparer or any member of his/her firm.	<div style="border: 1px solid black; padding: 5px; min-height: 40px;">         PREPARER'S TELEPHONE       </div>	<input type="checkbox"/> I do <b>NOT</b> authorize the Director of Revenue or his/her delegate to discuss my return and attachments with the preparer or any member of his/her firm.
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\_\_\_\_\_, whose return is herewith submitted, declare that we have read and are familiar with all of the statements contained in this return, including the accompanying schedules (if any) all of which are true and correct, according to our best knowledge and belief, and that this return is a true and complete statement, in accordance with the law, for the taxable year covered.

SIGNATURE OF OFFICER	DATE	PREPARER'S SIGNATURE (OTHER THAN TAXPAYER)	DATE
TITLE OF OFFICER	PHONE NUMBER	PREPARER'S ADDRESS AND ZIP CODE	FEIN OR PTIN

MO 860-1134 (10-2006)